# Case 3:18-cv-00767-MEM **U.S. Department of Justice**

United States Marshals Service

# PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

LAINTIFF EDWAR	D THOMAS I	KENNE	DY				COURT CASE NUME IEW CASE	SEK	
DEFENDANT DAVID J	IOHN DUTCA	VAGE,	ET. A	\L		i -	TYPE OF PROCESS OMPLAINT ANI	D SUMI	MONS
	NAME OF INDIVID	JAL, COMPA	NY, CORP	ORATION. ET	C. TO SERVE OR DE	SCRIPTIO	ON OF PROPERTY T	O SEIZE (	OR CONDEMN
SERVE	DAVID JOHN DI								
AT	ADDRESS (Street or	-							
	401 NORTH SE						<del></del>	Т	
END NOTICE	OF SERVICE COPY TO	REQUESTE	R AT NAM	IE AND ADDR	ESS BELOW		per of process to be d with this Form 285	1	
4	DWARD THOM 01 TILLAGE RE	D.,					per of parties to be d in this case	7	
	REINIGSVILLE -	, PA 160	J <b>3</b> 1			Check on U.	k for service S.A.		<del></del>
All Telephone	TRUCTIONS OR OTHER Numbers, and Estimated  VGE WORKS A	Times Availa	ble for Serv	ice):		-			Fol
	HOUSE. OFFIC		_	8;30 AM	TO 4:30 PM				
COURT	orney ther Originate	E HOUR	S ARE	of: g	PLAINTIFF DEFENDANT	415-27		DATE 4/5/1	
COURT		E HOUR	S ARE	of: g	PLAINTIFF DEFENDANT	415-27	5-1244	4/5/1	
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- DISTRIBUTE TO: 1. CLERK OF THE COURT
  - 2. USMS RECORD
  - 3. NOTICE OF SERVICE
  - 4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
  - 5. ACKNOWLEDGMENT OF RECEIPT

#### U.S. Department of Sustice 8-cv-00767-MEM

United States Marshals Service

#### PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

DAVID JOHN DUTCAVAGE, ET. AL  NAME OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO SERVE OR ED  AT  DAVID JOHN DUTCAVAGE, IN HIS INDIVIDUAL CAPACITY ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 401 NORTH SECOND STREET, POTTSVILLE, PA 17901  SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  EDWARD THOMAS KENNEDY 401 TILLAGE RD., BREINIGSVILLE, PA 18031  SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SALIT Telephone Numbers, and Estimated Times Available for Service):		
DAVID JOHN DUTCAVAGE, IN HIS INDIVIDUAL CAPACITY ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 401 NORTH SECOND STREET, POTTSVILLE, PA 17901  SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  EDWARD THOMAS KENNEDY 401 TILLAGE RD., BREINIGSVILLE, PA 18031  SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING S	Number of process to be served with this Form 285  Number of parties to be served in this case  Check for service	1
AT ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 401 NORTH SECOND STREET, POTTSVILLE, PA 17901  SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  EDWARD THOMAS KENNEDY 401 TILLAGE RD., BREINIGSVILLE, PA 18031  SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING S	Number of process to be served with this Form 285  Number of parties to be served in this case  Check for service	
401 NORTH SECOND STREET, POTTSVILLE, PA 17901  SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  EDWARD THOMAS KENNEDY 401 TILLAGE RD., BREINIGSVILLE, PA 18031  SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING S	Number of parties to be served in this case  Check for service	
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BREINIGSVILLE, PA 18031  SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING S	served in this case  Check for service	7
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SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SAll Telephone Numbers, and Estimated Times Available for Service):		
	SERVICE (Include Business and A	Alternate Addresses.
1		Fold
Signature of Anorney ther Originates requesting service on behalf of:  PLAINTIFF  DEFENDANT	TELEPHONE NUMBER 415-275-1244	DATE A/5/18
		4/5/18
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-DO N	OT WRITE BELOW	THIS LINE
number of process indicated. (Sign only for USM 285 if more	orized USMS Deputy or Clerk	Date
hereby certify and return that I $\square$ have personally served, $\square$ have legal evidence of service, $\square$ have no the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc., at the address shown above on the on the individual,	ve executed as shown in "Remarks apany, corporation, etc. shown at the	i", the process described te address inserted below.
I hereby certify and return that I am unable to locate the individual, company, corporation, etc. name	ed above (See remarks below)	
Name and title of individual served (if not shown above)		able age and discretion defendant's usual place
Address (complete only different than shown above)	Date	Time an
	Signature of U.S. Ma	<del></del> -
Service Fee Total Mileage Charges Forwarding Fee Total Charges Advance Deposits including endeavors)	Amount owed to U.S. Marsh: (Amount of Refund*)	al* or
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- DISTRIBUTE TO: 1. CLERK OF THE COURT
  - 2. USMS RECORD
  - 3. NOTICE OF SERVICE
  - 4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

    5. ACKNOWLEDGMENT OF RECEIPT

#### U.S. Department of Fusice 8-cv-00767-MEM

United States Marshals Service

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See "Instructions for Service of Process by U.S. Marshal"

	D THOMA	S KENN	EDY				COURT CASE NUME	BER	
DEFENDANT	IOHN DUT	CAVAG	E. ET.	AL			TYPE OF PROCESS COMPLAINT ANI	O SUMM	ONS
				·	TC. TO SERVE OR D		ION OF PROPERTY TO		
SERVE					UAL CAPACITY				
AT	ADDRESS (Street							<del></del>	
	401 NORTH	SECOND S	STREET,	POTTSVILL	E, PA 17901	,			
SEND NOTICE	OF SERVICE COP	Y TO REQUES	TER AT NA	ME AND ADD	RESS BELOW	Nur	nber of process to be		
					77-7-7-7-2 besset to the total of the total		ed with this Form 285	1	
ΙE	DWARD TH	OMAS KE	ENNED,	Y		None	nhor of nomine to be		
	01 TILLAGE	•					nber of parties to be red in this case	7	
В	REINIGSVIL	LE, PA 1	8031						
	_					1	ck for service J.S.A.		
SPECIAL INST	TRUCTIONS OR O	THER INFORM	ATION TH	AT WILL ASSIS	ST IN EXPEDITING S	ERVICE (	Include Business and A	lternate Ad	ldresses.
All Telephone I	Numbers, and Estim	ated Times Ava	ilable for Se	rvice):		•			
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							KILL COUNT	Y	
COURT	HOUSE, OF	FICE HOU	JRS AR	E 8;30 AN	1 TO 4:30 PM				
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	4: 0:								
ignature of The	omey ther Originat	es equestr g ser	rvice on beh	f of:	X PLAINTIFF	TELEPHO	ONE NUMBER	DATE	
orgnature of Au	orney ther Originat	g ser	rvice on beh	1	X PLAINTIFF  DEFENDANT		ONE NUMBER 75-1244	DATE 4/5/18	
<u> </u>	4		/<	-1	DEFENDANT	415-27	75-1244	4/5/18	
SPACE I	BELOW FOR	R USE OF	U.S. M	ARSHAL	DEFENDANT  ONLY DO N	415-27 OT W	75-1244 RITE BELOW	4/5/18	
SPACE I	BELOW FOR		U.S. M. District of	ARSHAL	DEFENDANT  ONLY DO N	415-27 OT W	75-1244	4/5/18 THIS I	
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- DISTRIBUTE TO: 1. CLERK OF THE COURT
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  - 5. ACKNOWLEDGMENT OF RECEIPT

U.S. Department of Justice 8-cv-00767-MEM United States Marshals Service

#### Document ocess Receipt and Return

See "Instructions for Service of Process by U.S. Marshal"

DEFENDANT DAVID JO	THOMAS I	KENNEDY			COURT CASE NUM NEW CASE	BER
	OHN DUTCA	VAGE, ET.	AL		TYPE OF PROCESS COMPLAINT AN	D SUMMONS
	NAME OF INDIVID	JAL, COMPANY, CO	PRPORATION, ET	C. TO SERVE OR DE	SCRIPTION OF PROPERTY T	O SEIZE OR CONDEMN
SERVE	DAVID JOHN DI					
AT	ADDRESS (Street or	RFD, Apartment No.,	City, State and ZIP	Code)		
	401 NORTH SE	COND STREET,	POTTSVILLE	E, PA 17901		
SEND NOTICE C	OF SERVICE COPY TO	REQUESTER AT N	AME AND ADDR	ESS BELOW	Number of process to be served with this Form 285	1 .
40	DWARD THOM 1 TILLAGE RE REINIGSVILLE	).,	Υ		Number of parties to be served in this case	7
L		, , , , , , ,			Check for service on U.S.A.	
SPECIAL INSTR All Telephone No	RUCTIONS OR OTHER umbers, and Estimated	R INFORMATION TH Times Available for S	IAT WILL ASSIST ervice):	IN EXPEDITING SE	RVICE ( <u>Include Business and</u>	Alternate Addresses.
Signature of Assor	new ther Originators	sesting service on beh		PLAINTIFF DEFENDANT	TELEPHONE NUMBER 415-275-1244	DATE 4/5/18
SPACE B	ELOW FOR U	SE OF U.S. M	ARSHAL O	NLY-DO NO	T WRITE BELOW	THIS LINE
I acknowledge reconumber of process (Sign only for USA than one USM 285	eipt for the total Total indicated.  # 285 if more	District of Origin		1	ized USMS Deputy or Clerk	Date
I hereby certify an on the individual,	d return that I have company, corporation,	personally served,	have legal evidence wn above on the on	e of service, have	executed as shown in "Remarks	s", the process described ne address inserted below.
				<del>-</del>	above (See remarks below)	
☐ I hereby certif	-			<u> </u>		
	individual served (if not	snown above j			then residing in	able age and discretion defendant's usual place
Name and title of i	individual served (if not only different than show		<del> </del>			defendant's usual place Time
Name and title of i					then residing in of abode	Time ar
Name and title of i		vn above)	Total Charges	Advance Deposits	then residing in of abode  Date	Time an prashal or Deputy
Name and title of i	only different than show	vn above)	Total Charges	Advance Deposits	then residing in of abode  Date  Signature of U.S. Ma	Time an prairie and an arshal or Deputy

- DISTRIBUTE TO: 1. CLERK OF THE COURT
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  - 4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

    5. ACKNOWLEDGMENT OF RECEIPT

### U.S. Department of Fustice 8-cv-00767-MEM

#### DOCUMPROCESS RECEIPT AND RETURN

United States Marshals Service

See "Instructions for Service of Process by U.S. Marshal"

PAVID JOHN DUTCAVAGE, ET. AL  NAME OF INDIVIDUAL, COMPANY, CORPORATION. ETC. TO SERVE OR DESCRIPTION OF INDIVIDUAL CAPACITY AT  AT  AT  AT  ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 401 NORTH SECOND STREET, POTTSVILLE, PA 17901  END NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  EDWARD THOMAS KENNEDY 401 TILLAGE RD., BREINIGSVILLE, PA 18031  BECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVINIT Telephone Numbers, and Estimated Times Available for Service):  DUTCAVGE WORKS AS THE PROTHONOTARY AT THE SCHUCOURTHOUSE. OFFICE HOURS ARE 8;30 AM TO 4:30 PM	Number of process to be served with this Form 285  Number of parties to be served in this case  Check for service on U.S.A.	1 7 Mernate Addresses.
SERVE DAVID JOHN DUTCAVAGE, IN HIS INDIVIDUAL CAPACITY ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 401 NORTH SECOND STREET, POTTSVILLE, PA 17901 END NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  EDWARD THOMAS KENNEDY 401 TILLAGE RD., BREINIGSVILLE, PA 18031  SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICAL Telephone Numbers, and Estimated Times Available for Service):  DUTCAVGE WORKS AS THE PROTHONOTARY AT THE SCHU	Number of process to be served with this Form 285  Number of parties to be served in this case  Check for service on U.S.A.	1 7 Mernate Addresses.
DAVID JOHN DUTCAVAGE, IN HIS INDIVIDUAL CAPACITY ADDRESS (Street or RFD, Apartment No., City, State and ZIP Code) 401 NORTH SECOND STREET, POTTSVILLE, PA 17901  END NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  EDWARD THOMAS KENNEDY 401 TILLAGE RD., BREINIGSVILLE, PA 18031  SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVIAL Telephone Numbers, and Estimated Times Available for Service):  DUTCAVGE WORKS AS THE PROTHONOTARY AT THE SCHU	Number of process to be served with this Form 285  Number of parties to be served in this case  Check for service on U.S.A.	7 Mernate Addresses.
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All Telephone Numbers, and Estimated Times Available for Service):  DUTCAVGE WORKS AS THE PROTHONOTARY AT THE SCHU		Fok
ignature of Automey, ther Originators guessing service on behalf of:	LEPHONE NUMBER	DATE
E CLAUVIET	15-275-1244	4/5/18
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY-DO NOT	WRITE BELOW	THIS LINE
acknowledge receipt for the total umber of process indicated.  Sign only for USM 285 if more total under one USM 285 is submitted)  Total Process District of Origin Serve  No. No. No.	d USMS Deputy or Clerk	Date
hereby certify and return that I \( \square\) have personally served, \( \square\) have legal evidence of service, \( \square\) have executed have the service of service.	cuted as shown in "Remarks	*, the process described
n the individual, company, corporation, etc., at the address shown above on the on the individual, company,	, corporation, etc. shown at th	e address inserted below.
I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named about	ove (See remarks below)	
ame and title of individual served (if not shown above)		able age and discretion defendant's usual place
ddress (complete only different than shown above)	Date	Time
	Signature of U.S. Ma	arshal or Deputy
	Amount owed to U.S. Marsha (Amount of Refund*)	al* or
	\$0.00	0
EMARKS:		

- DISTRIBL H TO: 1. CLERK OF THE COURT 2. USMS RECORD

  - 3. NOTICE OF SERVICE
  - 4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

    5. ACKNOWLEDGMENT OF RECEIPT

Case 3:18-cv-00767-MEM

U.S. Department of Justice

United States Marshals Service

Document 3 Filed 04/09/18 Page 6 of 35 PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF EDWARI	THOMAS	KENN	EDY				COURT CASE NUMB	ER	
DAVID J	OHN DUTC	AVAGE	E, ET. /	AL			TYPE OF PROCESS COMPLAINT AND	SUM	MONS
	NAME OF INDIVI	DUAL, COM	PANY, COR	PORATION. ETC	C. TO SERVE OR DE	SCRIPTIO	ON OF PROPERTY TO	SEIZE (	OR CONDEMN
SERVE	DAVID JOHN I								
AT	ADDRESS (Street of								
	401 NORTH S					Ţ		1	<del> </del>
SEND NOTICE	OF SERVICE COPY	TO REQUES	TER AT NA	ME AND ADDRE	ESS BELOW		ber of process to be d with this Form 285	1	
40	DWARD THO 11 TILLAGE F REINIGSVILL	RD.,		•			ber of parties to be	7	
		·-, · · · ·	,			Chec on U	k for service .S.A.		
	RUCTIONS OR OTH				IN EXPEDITING SE	RVICE ([	nclude Business and A	iternate A	Addresses.
	IOUSE. OFFI	<u></u>			10 4.00 T III				
Signature of Atto	rney other Originator	requesting ser	vice on beha	lf of:	PLAINTIFF	TELEPHO	NE NUMBER	DATE	
7 -	H 12			<u> </u>	DEFENDANT	415-27	5-1244	4/5/1	8
SPACE B	ELOW FOR	USE OF	U.S. M	RSHAL O	NLY DO NO	OT WI	RITE BELOW	THIS	LINE
I acknowledge re number of proces (Sign only for US than one USM 28	s indicated. M 285 if more	Total Process	District of Origin	District to Serve	Signature of Author	rized USM	IS Deputy or Clerk		Date
I hereby certify a	nd return that I 🔲 ha		served , 🔲 I	have legal evidence			as shown in "Remarks tration, etc. shown at th		
☐ I hereby cert	tify and return that I ar	n unable to lo	cate the indiv	vidual, company, c	corporation, etc. name	above (S	ee remarks below)		·
Name and title of	individual served (if r	not shown abo	ove)				A person of suita		
Address (complete	te only different than s	hown above)					Date	Time	an
							Signature of U.S. Ma	arshal or E	Deputy
Service Fee	Total Mileage Char including endeavor.		ling Fee	Total Charges	Advance Deposits		nt owed to U.S. Marsh unt of Refund*)		
REMARKS:					1		φυ.υ		

DISTRIBUTE TO:

- 1. CLERK OF THE COURT
- 2. USMS RECORD
- 3. NOTICE OF SERVICE
- 4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
- 5. ACKNOWLEDGMENT OF RECEIPT

U.S. Department of Justice

Document 3 Filed 04/09/18 Page 7 of 35 PROCESS RECEIPT AND RETURN United States Marshals Service See "Instructions for Service of Process by U.S. Marshal"

DAVID JOHN DUTCAVAGE, ET. AL  TYPE OF PROCESS COMPLAINT AND SUMMONS COMPLAINT AND SUMMONS SERVE  AND SUMMON DUTCAVAGE, IN HIS OFFICIAL CAPACITY ADDAVID JOHN DUTCAVAGE, IN HIS OFFICIAL CAPACITY ADDITION OF PROPERTY TO SEIZE OR CONDEM SERVICE OFFICIAL CAPACITY ADDITION OF PROPERTY TO SEIZE OR CONDEM SERVED WITH SECOND STREET, POTTSVILLE, PA 17901  SEND NOTICE OF SERVICE COPY TO REQUESTER AT NAME AND ADDRESS BELOW  Number of process to be served with this Form 285  Check for service On U.S. A.  The EDWARD THOMAS KENNEDY ADDITION OF OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Address.  All Telephone Numbers, and Estimated Times Available for Service):  DUTCAVGE WORKS AS THE PROTHONOTARY AT THE SCHUYLKILL COUNTY COURTHOUSE. OFFICE HOURS ARE 8;30 AM TO 4:30 PM  SIgnature of Althorized USMS Deputy or Clerk  DUTCAVGE WORKS AS THE PROTHONOTARY AT THE SCHUYLKILL COUNTY COURTHOUSE. OFFICE HOURS ARE 8;30 AM TO 4:30 PM  SIgnature of Authorized USMS Deputy or Clerk  Deprendant  DEPREDANT  TELEPHONE NUMBER ATTEL  TELEPHONE NUMBER  DATE  415-275-1244  45/18  SPACE BELOW FOR USE OF U.S. MARSHAL ONLY— DO NOT WRITE BELOW THIS LINE  DEFENDENT  Telephone Number of process in the address shown a bown so on the on the Individual company, corporation, exc. named above the address inserted below.  No.  No.  DISTRICT TO SERVICE OFFICE OFFICE ONLY  Signature of Authorized USMS Deputy or Clerk  Date United Service of Authorized USMS Deputy or Clerk  Date United Service of Authorized USMS Deputy or Clerk  Date Office Service of Authorized USMS Deputy or Clerk  Da		RD THOMAS	KENNEDY	•			COURT CASE NUMI	BER	
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EDWARD THOMAS KENNEDY 401 TILLAGE RD., BREINIGSVILLE, PA 18031    Check for service   On U.S.A.	SEND NOTICE					<del>-</del> ,			
EDWARD THOMAS KENNEDY 401 TILLAGE RD., BREINIGSVILLE, PA 18031  Check for service on U.S.A.  SPECIAL INSTRUCTIONS OR OTHER INFORMATION THAT WILL ASSIST IN EXPEDITING SERVICE (Include Business and Alternate Addresses.  All Telaphone Numbers, and Estimated Times Available for Service):  DUTCAVGE WORKS AS THE PROTHONOTARY AT THE SCHUYLKILL COUNTY COURTHOUSE. OFFICE HOURS ARE 8;30 AM TO 4:30 PM  Signature of Antomy other Originator requesting service on behalf of:  DEFENDANT  DEFENDANT  DEFENDANT  TELEPHONE NUMBER  DATE 415-275-1244  4/5/18  SPACE BELOW FOR USE OF U.S. MARSHAL ONLY—DO NOT WRITE BELOW THIS LINE  Lacknowledge receipt for the total number of process indicated.  No.  No.  No.  No.  No.  No.  No.  I hereby certify and return that I have personally served.   have legal evidence of service,   have executed as shown in "Remarks", the process described on the individual. company, corporation, etc., at the address shown above on the on the individual company, corporation, etc. shown at the address inserted below.  I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)  Name and title of individuals served (if not shown above)  Date  Time   a    Signature of U.S. Marshal or Deputy			O REQUESTER AT	NAME AND ADD	RESS BELOW	Nu	mber of process to be	4	
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DEFENDANT   415-275-1244   4/5/18	COURT	HOUSE. OFFIC	E HOURS A	RE 8;30 AM	TO 4:30 PM		INCE OCONT		
SPACE BELOW FOR USE OF U.S. MARSHAL ONLY - DO NOT WRITE BELOW THIS LINE  I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 if more than one USM 285 is submitted)  I hereby certify and return that I   have personally served   have legal evidence of service,   have executed as shown in "Remarks", the process described on the individual , company, corporation, etc., at the address shown above on the on the individual , company, corporation, etc. shown at the address inserted below.    I hereby certify and return that I am unable to locate the individual, company, corporation, etc. shown at the address inserted below.    I hereby certify and return that I am unable to locate the individual, company, corporation, etc. shown at the address inserted below.    A person of suitable age and discretion then residing in defendant's usual place of abode    Address (complete only different than shown above)	Signature of Art	orney other Originator rec	uesting service on be	ehalf of:	PLAINTIFF	TELEPHO	ONE NUMBER	DATE	
I acknowledge receipt for the total number of process indicated.  (Sign only for USM 285 is submitted)  I hereby certify and return that I have personally served. have legal evidence of service, have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.  I hereby certify and return that I am unable to locate the individual, company, corporation, etc. shown at the address inserted below.  I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)  Name and title of individual served (if not shown above)  Address (complete only different than shown above)  Total Mileage Charges including endeavors)  Forwarding Fee Total Charges Advance Deposits Amount owed to U.S. Marshal or Cambon (Amount of Refund*)  \$0.00	<u> </u>	+ /_	·	1	DEFENDANT	415-27	<b>'5-1244</b>	4/5/1	8
Total Process District of Origin District to Serve No. No. Signature of Authorized USMS Deputy or Clerk Date    I hereby certify and return that I   have personally served   have legal evidence of service,   have executed as shown in "Remarks", the process described on the individual, company, corporation, etc., at the address shown above on the on the individual, company, corporation, etc. shown at the address inserted below.    I hereby certify and return that I am unable to locate the individual, company, corporation, etc. named above (See remarks below)    Name and title of individual served (if not shown above)	SPACE I	BELOW FOR U	SE OF U.S. N	ARSHAL C	NLY- DO NO	T W	RITE RELOW	THE	I INTE
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- 1. CLERK OF THE COURT
- 2. USMS RECORD
- 3. NOTICE OF SERVICE
- 4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

  5. ACKNOWLEDGMENT OF RECEIPT

U.S. Department of Justice
United States Marshals Service

Document 3 Filed 04/09/18 Page 8 of 35 PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF								
EDWA	RD THOMAS	KENNED	<u> </u>			COURT CASE NUM	BER	
DAVID	JOHN DUTC	AVAGE E	T AI			TYPE OF PROCESS		
						COMPLAINT AN	D SUN	MONS
SERVE	DAVID JOHN	DUTCAVAGE,	CORPORATION, B	TIC. TO SERVE OR D	ESCRIPT	TON OF PROPERTY T	O SEIZI	OR CONDEM
AT	ADDRESS (Street	or RFD, Apartment N	o., City, State and Zi.	AL CAPACITY P.Code)				
		ECOND STREE						
SEND NOTIC	E OF SERVICE COPY						Τ	
		**************************************	***************************************			mber of process to be ved with this Form 285	1	
	EDWARD THO		DY				<del>                                     </del>	
4	401 TILLAGE R	D.,				mber of parties to be ed in this case	7	
	BREINIGSVILL	E, PA 18031					ļ <u>.</u>	
					on U	ck for service J.S.A.		
SPECIAL INS All Telephone	STRUCTIONS OR OTHI Numbers, and Estimate	ER INFORMATION d Times Available fo	THAT WILL ASSIS	T IN EXPEDITING S	ERVICE (	Include Business and A	liternate	Addresses,
iold								Eale
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than one USM 2	85 is submitted)	No	No					1
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	including endeavors)	rorwarding ree	Total Charges	Advance Deposits		nt owed to U.S. Marshal nt of Refund*)	* or	
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2. USMS RECORD

<sup>1.</sup> CLERK OF THE COURT

<sup>3.</sup> NOTICE OF SERVICE

<sup>4.</sup> BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

5. ACKNOWLEDGMENT OF RECEIPT

Document 3 Filed 04/09/18 Page 9 of 35 PROCESS RECEIPT AND RETURN U.S. Department of Justice
United States Marshals Service See "Instructions for Service of Process by U.S. Marshal"

DI A INTERNA										
	RD THOMAS	KENN	EDY				COURT CASE NUM	BER		
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Γ					***************************************	ser	ved with this Form 285	1		
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							U.S.A.	<u> </u>		
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		_								
Signature of A	torney other Originator re	questing serv	ice on beha	lf of:	PLAINTIFF	TELEPH	ONE NUMBER	DATE		
<u></u>	+ 12	_ /e			DEFENDANT	415-2	75-1244	4/5/1	g	
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5. ACKNOWLEDGMENT OF RECEIPT

DISTRIBUTED 1. CLERK OF THE COURT 2. USMS RECORD

<sup>3.</sup> NOTICE OF SERVICE

<sup>4.</sup> BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

U.S. Department of Justice United States Marshals Service

Document 3 Filed 04/09/18 Page 10 of 35 PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF EDWA	RD THOMAS	KENNEDY	1			COURT CASE NUM	BER	
DEFENDAN	JOHN DUTC	AVAGE E	Τ ΛΙ			TYPE OF PROCESS	<del></del>	
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Signature of At	torney other Originator re-	questing service on b	ehalf of:	7	TEL EDUC	NE NUMBER	7	
5.	<i>エ・</i> ア			I plaintiff Defendant	1	——· <del>·</del>	DATE	
SDA CE					415-27		4/5/1	8
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2. USMS RECORD

DISTRIBUTE TO: 1. CLERK OF THE COURT

<sup>3.</sup> NOTICE OF SERVICE

<sup>4.</sup> BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

5. ACKNOWLEDGMENT OF RECEIPT

## Case 3:18-cv-00767-MEM U.S. Department of Justice

United States Marshals Service

# PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

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- DISTRIBUTED 1. CLERK OF THE COURT 2. USMS RECORD

  - 3. NOTICE OF SERVICE
  - 4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

    5. ACKNOWLEDGMENT OF RECEIPT

#### U.S. Department of Justice CV-00767-MEM

United States Marshals Service

### PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF EDWARI	D THOMA	S KENN	EDY				COURT CASE NUME NEW CASE	JEK .	
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			····		TC. TO SERVE OR D	ESCRIPT1	ON OF PROPERTY T	O SEIZE	OR CONDEM
SERVE	JOSEPH G. (								•
AT	ADDRESS (Street								
•	401 NORTH	SECOND S	STREET,	POTTSVILL	E, PA 17901				
SEND NOTICE (	OF SERVICE COP	Y TO REQUES	TER AT NA	AME AND ADD	RESS BELOW		nber of process to be ed with this Form 285	1	· .·
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	)1 TILLAGE			T			iber of parties to be	7	
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	HOURS ARI						ITY COURTH		-
	M			10.0	7	TELEPHO	ONE NUMBER	DATE	
	rney other Originato			alf of:	E plaintiff  Defendant		ONE NUMBER 75-1244	DATE 4/5/1	
Signature of Attor	rney other Originato	or requesting sea	rvice on beh	alf of:	DEFENDANT	415-27	75-1244	4/5/1	8
SPACE B. acknowledge recommer of process	ELOW FOR ceipt for the total is indicated.	or requesting sea	rvice on beh	alf of:	DILY DO N	415-27 OT W		4/5/1	8
SPACE B.  acknowledge recommer of process (Sign only for USM 285) thereby certify an	SELOW FOR ceipt for the total is indicated. M 285 if more 5 is submitted)	R USE OF Total Process	U.S. M. District of Origin No. served,	ARSHAL District to Serve No	DEFENDANT  ONLY DO No  Signature of Authorities  according to the service, have	415-27 OT WI	75-1244  RITE BELOW  AS Deputy or Clerk  as shown in "Remarks	THIS	B LINE Date
SPACE B.  acknowledge recommonder of process (Sign only for USA) than one USM 28: thereby certify an on the individual,	SELOW FOR ceipt for the total s indicated. M 285 if more 15 is submitted) and return that I  i , company, corporat	R USE OF Total Process have personally ion, etc., at the	U.S. M. District of Origin No. served,  address show	ARSHAL ( District to Serve No have legal evided wn above on the control of	DEFENDANT  ONLY DO NO  Signature of Authorities  ace of service,  have on the individual, comp	415-27 OT WI prized USA	75-1244  RITE BELOW  AS Deputy or Clerk  as shown in "Remarks oration, etc. shown at the	THIS	B LINE Date
SPACE B.  acknowledge recommer of process (Sign only for USM than one USM 283) I hereby certify an on the individual,	SELOW FOR ceipt for the total s indicated. M 285 if more 15 is submitted) and return that I  i , company, corporat	Total Process have personally ion, etc., at the	U.S. M.  District of Origin  No.  served ,  address show	ARSHAL ( District to Serve No have legal evided wn above on the control of	DEFENDANT  ONLY DO No  Signature of Authorities  according to the service, have	415-27 OT WI prized USA	AS Deputy or Clerk  as shown in "Remarks pration, etc. shown at the see remarks below)  A person of suite then residing in a	4/5/1 THIS ", the pro	Date  Date  cess described inserted below
SPACE B.  acknowledge recommer of process Sign only for USA than one USM 282 hereby certify an on the individual,  I hereby certi	ELOW FOR ceipt for the total is indicated. M 285 if more is is submitted) and return that I	Total Process have personally ion, etc., at the am unable to lo	U.S. M.  District of Origin  No.  served ,  address show	ARSHAL ( District to Serve No have legal evided wn above on the control of	DEFENDANT  ONLY DO NO  Signature of Authorities  ace of service,  have on the individual, comp	415-27 OT WI prized USA	AS Deputy or Clerk  as shown in "Remarks pration, etc. shown at the see remarks below)  \[ \begin{array}{c} A person of suite \text{suite} \]	4/5/1 THIS ", the pro	Date  Date  cess described inserted below and discretion is usual place
SPACE B.  acknowledge recommer of process Sign only for USA than one USM 282 hereby certify an on the individual,  I hereby certi	ELOW FOR ceipt for the total s indicated. M 285 if more is is submitted) and return that I [ ] , company, corporat ify and return that I individual served (ij	Total Process have personally ion, etc., at the am unable to lo	U.S. M.  District of Origin  No.  served ,  address show	ARSHAL ( District to Serve No have legal evided wn above on the control of	DEFENDANT  ONLY DO NO  Signature of Authorities  acc of service,  have on the individual, comp	415-27 OT WI prized USA	as shown in "Remarks oration, etc. shown at the see remarks below)  A person of suite then residing in of abode	4/5/1 THIS ", the proper address able age a	Date  Date  cess described inserted below and discretion is usual place
SPACE B.  acknowledge recommer of process Sign only for USA than one USM 282 hereby certify an on the individual,  I hereby certi	ELOW FOR ceipt for the total s indicated. M 285 if more is is submitted) and return that I [ ] , company, corporat ify and return that I individual served (ij	Total Process  have personally ion, etc., at the am unable to lo f not shown above;  shown above;	U.S. M. District of Origin No. served,  address show	ARSHAL ( District to Serve No have legal evided wn above on the control of	DEFENDANT  ONLY DO NO  Signature of Authorities  acc of service,  have on the individual, comp	415-27 OT WI  rized USM e executed bany, corporate displayed displayed (S	as shown in "Remarks bration, etc. shown at the Cee remarks below)  A person of suite then residing in of abode  Date	4/5/1 THIS ", the proper address able age a defendant Time	Date  Date  cess described inserted below and discretion is usual place
SPACE B.  I acknowledge recommender of process (Sign only for USM 285) I hereby certify an on the individual,  I hereby certify and the individual of the in	ELOW FOR ceipt for the total s indicated. M 285 if more 15 is submitted) and return that I individual served (i) to only different than Total Mileage Charles	Total Process  have personally ion, etc., at the am unable to lo f not shown above;  shown above;	U.S. M. District of Origin No. served,  address show	ARSHAL District to Serve No have legal evide wn above on the cividual, company	DEFENDANT  ONLY DO No  Signature of Author  nce of service,  have on the individual, comp , corporation, etc. name	415-27 OT WI  rized USM e executed bany, corporate displayed displayed (S	as shown in "Remarks bration, etc. shown at the residing in of abode  Date  Signature of U.S. Marsha	4/5/1 THIS ", the proper address able age a defendant Time urshal or I	Date  Date  cess described inserted below and discretion is usual place

DISTRIBUTE, TO:

- 1. CLERK OF THE COURT
  2. USMS RECORD
- 3. NOTICE OF SERVICE
- 4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
- 5. ACKNOWLEDGMENT OF RECEIPT

# U.S. Department of Justice CV-00767-MEM United States Marshals Service

### PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF EDWARI	DWARD THOMAS KENNEDY							COURT CASE NUME	BER	
DAVID J	OHN DUT	CAVAGI	E, ET	AL				TYPE OF PROCESS COMPLAINT AN	D SUMI	MONS
	NAME OF INDI	VIDUAL, COM	IPANY, COF	RPORATION.	ETC.	TO SERVE OR DE	SCRIPTI	ON OF PROPERTY T	O SEIZE	OR CONDEMN
SERVE	JOSEPH G. (	GROODY, I	IN HIS O	FFICIAL C	CAPA	CITY				
AT	ADDRESS (Stree	t or RFD, Apar	tment No., C	ity, State and 2	ZIP Co	ode)				
•	401 NORTH	SECOND S	STREET, I	POTTSVIL	LE,	PA 17901				
SEND NOTICE	OF SERVICE COP	Y TO REQUES	TER AT NA	ME AND AD	DRES	S BELOW		nber of process to be ed with this Form 285	1	
40	DWARD THO 11 TILLAGE REINIGSVIL	RD.,		<b>(</b>			Number of parties to be served in this case 7		7	
L		<b>LL</b> ,	5051				1	ck for service J.S.A.		
	Y WORKS A HOURS ARI				SC	HUYLKILL (	COUN	TY COURTH	DUSE	<u>Fold</u>
Signature of Atto	mey other Originato	or requesting ser	vice on beha	lf of:	_	LAINTIFF DEFENDANT		ONE NUMBER	DATE 4/5/1	<del></del>
SPACE R	ELOW FOR	LISE OF	IIS MA	ARSHAI	ON	II.V., DO NO		RITE BELOW		
I acknowledge renumber of proces (Sign only for US than one USM 28	ceipt for the total s indicated. M 285 if more	Total Process	District of Origin	District to Serve	····	Signature of Author				Date
I hereby certify as on the individual	nd return that I 🔲 1	nave personally	served, [] address show	have legal evid	dence on th	of service, have	executed	as shown in "Remarks oration, etc. shown at th	", the proceed address	ess described inserted below.
		· · · · · · · · · · · · · · · · · · ·				poration, etc. named				
Name and title of	individual served (i	f not shown abo	ove)					A person of suite then residing in of abode		
Address (complet	e only different than	shown above)						Date	Time	an
								Signature of U.S. Ma	rshal or D	eputy
Service Fee	Total Mileage Chaincluding endeavo		ling Fee	Total Charges	s	Advance Deposits	4	Int owed to U.S. Marshaunt of Refund*)	ıl* or	
								\$0.0	0	
REMARKS:		, , t								

#### DISTRIBUTE TO:

- 1. CLERK OF THE COURT
- 2. USMS RECORD
- 3. NOTICE OF SERVICE
- 4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
- 5. ACKNOWLEDGMENT OF RECEIPT

#### U.S. Department of Fustice -CV-00767-MEM

United States Marshals Service

### PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF EDWARD THOMA	S KENN	EDY				COURT CASE NUME	BER		=
DEFENDANT DAVID IOLINI DUT	·	- <del></del>	A.I.			TYPE OF PROCESS		1010	
DAVID JOHN DUT		_ <del></del>				COMPLAINT AND			
					SCRIPT	ION OF PROPERTY TO	O SEIZE (	OR CONDE	MN
			FFICIAL CAF		<del></del>				
			POTTSVILLE						
SEND NOTICE OF SERVICE COP	Y TO REQUES	TER AT NA	ME AND ADDRI	SS BELOW	Nur	nber of process to be			
<u> </u>	***************************************					ed with this Form 285	1		
EDWARD TH		ENNED	<b>′</b>		Nine	mber of parties to be		<del></del>	
401 TILLAGE	•					red in this case	7		
BREINIGSVI	LE, PA 1	8031			Ch	ale Caracania			_
						ck for service J.S.A.			
All Telephone Numbers, and Estin GROODY WORKS A OFFICE HOURS AR	AS THE SI	HERIFF	AT THE S	CHUYLKILL (	COUN	NTY COURTHO	DUSE	-	Fold
Signature of Attorney other Originat	or requesting sea	rvice on beha	df of:	PLAINTIFF	TELEPH	ONE NUMBER	DATE		<del></del>
			· ·	DEFENDANT	415-2	75-1244	4/5/1	8	
SPACE BELOW FOI	R USE OF	U.S. M	ARSHAL O	NLY DO NO	)T W	RITE BELOW	THIS	LINE	
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more	Total Process	District of Origin	District to Serve	<del></del>		MS Deputy or Clerk	-	Date	
than one USM 285 is submitted)		No	No						<del></del> -
I hereby certify and return that I on the individual, company, corpora	have personally ation, etc., at the	served, L	have legal evidence on above on the on	e of service, Li have the individual, comp	executed any, com	I as shown in "Remarks coration, etc. shown at th	", the pro e address	ess describe inserted bel-	ed ow.
☐ I hereby certify and return that	am unable to lo	cate the indi	vidual, company, c	orporation, etc. name	i above (	See remarks below)			
Name and title of individual served (	if not shown abo	ove)				A person of suita then residing in of abode			
Address (complete only different tha	n shown above)		· · · · · · · · · · · · · · · · · · ·			Date	Time	Г	am
								Ċ	ے امر
						Signature of U.S. Ma	urshal or E	eputy	
Service Fee Total Mileage Cl	harges Forward	ling Fee	Total Charges	Advance Deposits	Amo	unt owed to U.S. Marsha	al* or		
including endeav	- 1			- 101210 2 Opposite	1	ount of Refund*)	0.		
						\$0.0	0		
REMARKS:				<u> </u>	<del></del>	-			
***									<u>-</u> _

- DISTRIBUTE FO: 1. CLERK OF THE COURT
  - 2. USMS RECORD
  - 3. NOTICE OF SERVICE
  - 4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

    5. ACKNOWLEDGMENT OF RECEIPT

U.S. Department of Justice - CV-00767-MEM United States Marshals Service

### PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF EDWAR	D THOMAS	KENN	EDY				COURT CASE NUMI	BER		
DAVID .	OHN DUTC	AVAGE	≣, ET. <i>/</i>	AL.		(	TYPE OF PROCESS COMPLAINT AN	D SUM	MONS	
	NAME OF INDIVI	DUAL, COM	PANY, COR	PORATION. E	TC. TO SERVE OR DE	SCRIPTI	ON OF PROPERTY T	O SEIZE	OR CONDEM	ÍN
SERVE	JOSEPH G. G									
AT	ADDRESS (Street of	or RFD, Apari	ment No., Cit	y, State and ZI	P Code)					
•	401 NORTH S	ECOND S	TREET, F	POTTSVILL	E, PA 17901					
SEND NOTICE	OF SERVICE COPY	TO REQUES	TER AT NAM	ME AND ADD	RESS BELOW		nber of process to be ed with this Form 285	1		
4	DWARD THO 01 TILLAGE R REINIGSVILL	₹D.,					nber of parties to be ed in this case	7		
	-						ck for service J.S.A.			
All Telephone lessense les entre lessense les entre lessense les entre les entr	Numbers, and Estimate	ed Times Avai	ilable for Seri HERIFF	vice): AT THE (	ST IN EXPEDITING SE				<u>_</u> F	old
Signature of Att	orney other Originator	requesting ser	vice on behalf	f of:	X) PLAINTIFF	TELEPHO	ONE NUMBER	DATE		
					DEFENDANT	415-27	75-1244	4/5/1	8	
SPACE	RELOW FOR	USE OF	IIS MA	PSHAL	ONLY- DO N	T W	PITE RELOW	THIS	LINE	-
I acknowledge m number of proce (Sign only for U	eceipt for the total ss indicated.	otal Process	District of Origin	District to Serve			MS Deputy or Clerk		Date	_
I hereby certify	and return that I 🔲 ha		served , h	ave legal evide	nce of service, have					
				···	, corporation, etc. name					_
<del></del>	f individual served (if n		<del></del>				A person of suit then residing in of abode			_
Address (comple	ete only different than si	hown above)					Date	Time		am pm
							Signature of U.S. M	arshal or D	eputy	
Service Fee	Total Mileage Charging including endeavors		ing Fee	Fotal Charges	Advance Deposits		int owed to U.S. Marsh unt of Refund*)	al* or		
							\$0.0	0		
REMARKS:		<u> </u>	<del>-</del>	.,						

DISTRIBUTE TO:

- 1. CLERK OF THE COURT
- 2. USMS RECORD
- 3. NOTICE OF SERVICE
- 4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
- 5. ACKNOWLEDGMENT OF RECEIPT

Case 3:18-cv-00767-MEM U.S. Department of Justice United States Marshals Service

PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF EDWAR	D THOMAS	KENN	EDY					COURT CASE NUME	BER	
DEFENDANT	OHN DUTC			AL				TYPE OF PROCESS COMPLAINT ANI	D SUMI	MONS
	NAME OF INDIVI	DUAL, COM	PANY, COF	RPORATION.	ETC. T	O SERVE OR DE	SCRIPTI	ON OF PROPERTY T	O SEIZE (	OR CONDEMN
SERVE	JOSEPH G. GI									
AT	ADDRESS (Street of	or RFD, Apart	tment No., C	ity, State and 2	ZIP Coa	le)				
•	401 NORTH S	ECOND S	TREET,	POTTSVIL	LLE, F	PA 17901				
SEND NOTICE	OF SERVICE COPY	TO REQUES	TER AT NA	ME AND AD	DRESS	BELOW		aber of process to be ed with this Form 285	1	
4	DWARD THO 01 TILLAGE F REINIGSVILL	₹D.,		<b>(</b>				aber of parties to be ed in this case	7	
L	- -	.ш, ГА К	3031					ck for service J.S.A.		_
OFFICE	Y WORKS AS HOURS ARE	8;30 AM	1 TO 4:	30 PM	<b>Æ</b> PI	AINTIFF	ТЕГЕЪН	ONE NUMBER	DATE	
					∐ DI	EFENDANT	415-27	75-1244	4/5/1	8
SPACE	BELOW FOR	USE OF	U.S. M	ARSHAL	LON	LY DO N	OT W	RITE BELOW	THIS	LINE
number of proce (Sign only for U		Total Process	District of Origin	District to Serve	. o	Signature of Autho	orized USI	MS Deputy or Clerk		Date
I hereby certify on the individua	and return that I  ha	ve personally on, etc., at the	served,  address shov	have legal evi wn above on th	idence o he on the	f service,  have individual, comp	e executed pany, corp	as shown in "Remarks oration, etc. shown at the	s", the pro-	cess described inserted below.
☐ I hereby ce	ertify and return that I ar	m unable to lo	cate the indi	vidual, compa	ыу, соп	poration, etc. name	d above (	See remarks below)		
Name and title	of individual served (if i	not shown abo	ove)					A person of suit then residing in of abode		
Address (compl	ete only different than s	hown above)						Date	Time	a   p
								Signature of U.S. M	arshai or I	Deputy
Service Fee	Total Mileage Char including endeavor		ling Fee	Total Charge	ės /	Advance Deposits		unt owed to U.S. Marsh ount of Refund*)	al* or	
		ĺ						\$0.0	0	
REMARKS:			. ———							
•										

- DISTRIBUTE TO: 1. CLERK OF THE COURT
  - 2. USMS RECORD
  - 3. NOTICE OF SERVICE
  - BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
  - 5. ACKNOWLEDGMENT OF RECEIPT

#### U.S. Department of Justice -cv-00767-MEM

United States Marshals Service

### PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF EDWARI	D THOMAS	KENN	EDY			COURT CASE NUMBER NEW CASE			
DEFENDANT	OUN DUTO	^\/^O		A.1			TYPE OF PROCESS		
DAVID J	OHN DUTC		<u> </u>				COMPLAINT AN		
(					ETC. TO SERVE OR D	ESCRIPT	ION OF PROPERTY T	O SEIZE	OR CONDEMN
SERVE	JOSEPH G. GF ADDRESS (Street o		<del></del>						
AT	401 NORTH SE	=		-					
SEND NOTICE	OF SERVICE COPY 1				•			1	
							nber of process to be red with this Form 285	1	
40	DWARD THO! )1 TILLAGE R REINIGSVILL!	D.,		Υ			nber of parties to be ed in this case	7	
		_,	3001				ck for service J.S.A.		
	RUCTIONS OR OTHI				SIST IN EXPEDITING S	ERVICE (	Include Business and	Alternate	Addresses.
						<b></b>		<u>/</u> .	
Signature of Atto	mey other Originator r	equesting ser	vice on beha	lf of:	Z PLAINTIFF	TELEPHO	ONE NUMBER	DATE	
					☐ DEFENDANT	415-27	75-1244	4/5/1	8
SPACE B	ELOW FOR I	USE OF	U.S. M	ARSHAL	ONLY-DO N	OT W	RITE BELOW	THIS	LINE
I acknowledge re- number of proces (Sign only for US	s indicated. M 285 if more	otal Process	District of Origin	District to Serve	Signature of Auth	orized USI	MS Deputy or Clerk	-	Date
than one USM 28	5 is submitted)		No	No					<u> </u>
I hereby certify a on the individual	nd return that I 🔲 hav , company, corporation	e personally	served, address show	have legal evi vn above on th	dence of service, $\square$ have on the individual, com	e executed pany, corp	as shown in "Remarks oration, etc. shown at th	s", the pro ne address	cess described inserted below.
I hereby cert	ify and return that I am	unable to lo	cate the indi	vidual, compa	ny, corporation, etc. nam	ed above (	See remarks below)		
Name and title of	individual served (if no	ot shown abo	eve)				A person of suit then residing in of abode	_	
Address (complet	e only different than sh	own above)					Date	Time	an
(									
							Signature of U.S. Ma	arshal or I	Deputy
	Total Mileage Chargincluding endeavors		ing Fee	Total Charge:	s Advance Deposits		Signature of U.S. Marsh ount of Refund*)		Deputy
Service Fee			ing Fee	Total Charge:	s Advance Deposits		unt owed to U.S. Marsh	al* or	Deputy
			ing Fee	Total Charge:	s Advance Deposits		unt owed to U.S. Marsh bunt of Refund*)	al* or	Deputy

- DISTRIBUTE TO: 1. CLERK OF THE COURT
  - 2. USMS RECORD
  - 3. NOTICE OF SERVICE
  - 4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
  - 5. ACKNOWLEDGMENT OF RECEIPT

U.S. Department of Justice 2:18-cv-00767-MEM United States Marshals Service

#### PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF EDWARI	THOMAS		COURT CASE NUMBER NEW CASE						
DEFENDANT DAVID JO	OHN DUT	CAVAGE	E, ET. /	AL		ļ	TYPE OF PROCESS COMPLAINT ANI	D SUM	MONS
	NAME OF INDIV	IDUAL, COM	PANY, COR	PORATION. E	rc. to serve or de	ESCRIPT	ION OF PROPERTY T	O SEIZE	OR CONDEM
SERVE	JOSEPH G. C								
AT	ADDRESS (Street	-		-					
and Norman	401 NORTH (					<del></del>		1	
SEND NOTICE (	OF SERVICE COPY	TO REQUES	TER AT NA	ME AND ADDI	RESS BELOW		nber of process to be red with this Form 285	1	
40	FEDWARD THOMAS KENNEDY 401 TILLAGE RD., BREINIGSVILLE, PA 18031						nber of parties to be ed in this case	7	
<u></u>		, , , , , , ,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,			,	ck for service J.S.A.		
GROOD\	fumbers, and Estima Y WORKS AS HOURS ARE	S THE SI	HERIFF	AT THE S	SCHUYLKILL (	COUN	ITY COURTH	OUSE	<u>.</u>
Signature of Atto	rney other Originato	r requesting ser	vice on beha	lf of:	K PLAINTIFF	TELEPH	ONE NUMBER	DATE	<u> </u>
					DEFENDANT	415-2	75-1244	4/5/1	8
SPACE B	ELOW FOR	USE OF	U.S. MA	ARSHAL (	ONLY- DO N	OT W	RITE BELOW	THIS	LINE
I acknowledge re- number of proces (Sign only for US, than one USM 28	s indicated.  M 285 if more	Total Process	District of Origin	District to Serve	Signature of Author	orized USI	MS Deputy or Clerk		Date
I hereby certify a	nd return that I 🔲 h		served ,	have legal evider			as shown in "Remarks oration, etc. shown at the		
☐ I hereby cert	tify and return that I	am unable to lo	cate the indiv	vidual, company	, corporation, etc. name	ed above (	See remarks below)	<u> </u>	
Name and title of	individual served (ij	f not shown abo	ive)				A person of suit then residing in of abode		
Address (complet	e only different than	shown above)					Date	Time	
							Signature of U.S. Ma	arshal or I	Deputy
Service Fee	Total Mileage Chaincluding endeavo		ing Fee	Total Charges	Advance Deposits		unt owed to U.S. Marsh ount of Refund*)		
REMARKS:	1			·		<u> </u>	\$0.0	<u>v</u>	
CAMPING.									

- DISTRIBUTE TO: 1. CLERK OF THE COURT
  - 2. USMS RECORD
  - 3. NOTICE OF SERVICE
  - 4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
  - 5. ACKNOWLEDGMENT OF RECEIPT

#### U.S. Department of Justice - cv-00767-MEM

United States Marshals Service

### PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF EDWARI	D THOMA	S KENN	EDY					COURT CASE NUMI	BER	
DEFENDANT		001/00		A 1				TYPE OF PROCESS	5 0 11 4	
DAVID J	OHN DUT			<del> </del>				COMPLAINT AN		
(							ESCRIPT	ION OF PROPERTY T	O SEIZE	OR CONDEMN
SERVE	JOSEPH G. (ADDRESS (Street									
AT	401 NORTH	=		-						
SEND NOTICE	OF SERVICE COP								<del></del>	
SEND NOTICE	OF SERVICE COP	1 10 KEQUES		AND AD				mber of process to be yed with this Form 285	1	
E	DWARD TH	UMAS KE	NNED	v					ļ <u>'</u>	
	OT TILLAGE		-MINED					mber of parties to be	7	
	REINIGSVIL	•	8031				ser	ved in this case	′	
		,						cck for service U.S.A.		
GROOD' OFFICE	Y WORKS A HOURS ARI	S THE SI E 8;30 AN	HERIFF 1 TO 4	AT THE		PLAINTIFF DEFENDANT	TELEPH	NTY COURTHO ONE NUMBER 75-1244	DATE 4/5/1	
SPACE B	ELOW FOR	LISE OF	IIS M	ARSHAI	0	NLY. DO NO	OT W	RITE BELOW	THIS	LINE
I acknowledge re number of proces (Sign only for US than one USM 28	ceipt for the total as indicated. SM 285 if more	Total Process	District of Origin			<del> </del>		MS Deputy or Clerk		Date
	•		1			L				1
								d as shown in "Remarks coration, etc. shown at the		
☐ I hereby cert	tify and return that I	am unable to lo	cate the ind	ividual, compa	nv. c	orporation, etc. name	d above (	See remarks below)		<del></del>
	f individual served (							A person of suit then residing in of abode		
Address (complete	te only different than	shown above)					<u> </u>	Date	Time	
								Signature of U.S. M	arshal or I	∟ pm Deputy
Service Fee	Total Mileage Ch	- 1	ling Fee	Total Charge	s	Advance Deposits	1	unt owed to U.S. Marsh ount of Refund*)	ai* or	
			·					\$0.0	0	
REMARKS:	<del>*</del>			<u></u>			<del> <b></b></del>			

- DISTRIBUTE TO: 1. CLERK OF THE COURT
  - 2. USMS RECORD
  - 3. NOTICE OF SERVICE
  - 4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

5. ACKNOWLEDGMENT OF RECEIPT

#### $\textbf{U.S. Department of Fustice}^{3:18-cv-00767-MEM}$

United States Marshals Service

#### PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF EDWAR	D THOMAS	KENN	EDY					COURT CASE NUMI	BER		
DEFENDANT		>^\/^~		A 1				TYPE OF PROCESS			
DAVID	IOHN DUT							COMPLAINT AN			
OEDAGE							ESCRIPT	ION OF PROPERTY T	O SEIZE	OR CONI	DEMN
SERVE AT	JOSEPH G. G ADDRESS (Street							<del></del>			
A	401 NORTH S		4								
SEND NOTICE	OF SERVICE COPY						Nur	nber of process to be	T .		
				78				red with this Form 285	1		
4	DWARD THO	RD.,		Y				nber of parties to be red in this case	7		
	REINIGSVILI -	LE, PA 18	8031					ck for service J.S.A.			
	FRUCTIONS OR OTI Numbers, and Estima				SIST	IN EXPEDITING SE	ERVICE (	Include Business and A	Alternate	Addresses	Fold
	HOURS ARE	·									
Signature of Att	orney other Originator	r requesting ser	vice on beh	alf of:		PLAINTIFF	TELEPH	ONE NUMBER	DATE		
						DEFENDANT	415-2	75-1244	4/5/1	8	
SPACE 1	BELOW FOR	USE OF	U.S. M	ARSHAL	0	NLY DO NO	OT W	RITE BELOW	THIS	LINE	<u> </u>
number of proce (Sign only for U	ss indicated.	Total Process	District of Origin	Serve	0	Signature of Author	rized US	MS Deputy or Clerk		Date	
I hereby certify	and return that I  h	ave personally	served, address sho	have legal eviewn above on th	dence	e of service, have	e executed	as shown in "Remarks	s", the pro	cess descri	ibed below.
	rtify and return that I a										
Name and title	of individual served (if	not shown abo	rve)			· · · · · · · · · · · · · · · · · · ·		A person of suit then residing in of abode			
Address (comple	ete only different than	shown above)						Date	Time		am
								Signature of U.S. M	arshal or I	Deputy	
Service Fee	Total Mileage Cha including endeavo		ling Fee	Total Charge	S	Advance Deposits	1	unt owed to U.S. Marsh punt of Refund*)	al* or		
								\$0.0	0		
REMARKS:											

- DISTRIBUTE TO: 1. CLERK OF THE COURT
  - 2. USMS RECORD
  - 3. NOTICE OF SERVICE
  - 4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

    5. ACKNOWLEDGMENT OF RECEIPT

Case 3:18-cv-00767-MEM U.S. Department of Justice United States Marshals Service

Document 3 Filed 04/09/18 Page 21 of 35 PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF EDWAR	D THOMAS	KENN	EDY				COURT CASE NUME EW CASE	DEK	
DEFENDANT DAVID J	OHN DUTO	CAVAGE	E, ET. <i>A</i>	<b>\L</b>		4 -	TYPE OF PROCESS OMPLAINT ANI	D SUMI	MONS
	NAME OF INDIV	IDUAL, COM	PANY, CORI	PORATION. ETC	. TO SERVE OR DE	SCRIPTIC	ON OF PROPERTY T	O SEIZE	OR CONDEMN
<b>SERVE</b>					FICIAL CAPAC	TY			
AT	ADDRESS (Street	_							
``	401 NORTH S					1 ····		<b>.</b>	
SEND NOTICE	OF SERVICE COPY	TO REQUES	TER AT NAN	ME AND ADDRE	SS BELOW		per of process to be d with this Form 285	1	
4	DWARD THO 01 TILLAGE	RD.,				1	per of parties to be d in this case	7	
<b>B</b>	REINIGSVILI	LE, PA 18	3031			Check on U.	k for service S.A.		
тан жи	へいいふと しょと		IDC ADE	. 0.20 ALA					
	torney other Originator			E 8;30 AM	PLAINTIFF	TELEPHO	NE NUMBER	DATE	
					1	TELEPHO:		DATE 4/5/1	
Signature of Att		requesting **	vice on behali	f of:	PLAINTIFF DEFENDANT	415-27	5-1244	4/5/1	8
SPACE I acknowledge number of process	BELOW FOR	requesting **	vice on behali	f of:	PLAINTIFF DEFENDANT	415-27	5-1244 RITE BELOW	4/5/1	8
SPACE I acknowledge number of processign only for U.	BELOW FOR	requesting property of the second sec	U.S. MA	f of:  RSHAL O  District to	PLAINTIFF DEFENDANT NLY DO NO	415-27	5-1244 RITE BELOW	4/5/1	8 LINE
SPACE I acknowledge number of processign only for Uhan one USM 2	BELOW FOR receipt for the total ess indicated.	USE OF Total Process ave personally	U.S. MA  District of Origin  No	RSHAL O  District to Serve No	PLAINTIFF DEFENDANT  NLY DO NO  Signature of Author  the of service,  have	T WR	5-1244  RITE BELOW  IS Deputy or Clerk  as shown in "Remark:	4/5/1 / THIS	Date  Date  cess described
SPACE I acknowledge number of proce Sign only for U han one USM 2 hereby certify on the individua	BELOW FOR receipt for the total less indicated. If the submitted is submitted in the submit	USE OF Total Process ave personally on, etc., at the	U.S. MA  District of Origin  No  served , haddress shown	RSHAL O District to Serve No	PLAINTIFF DEFENDANT  NLY DO NO Signature of Author te of service,  have the individual, comp	A15-279  T WE  rized USM  executed any, corpo	5-1244  RITE BELOW IS Deputy or Clerk  as shown in "Remarks ration, etc. shown at the	4/5/1 / THIS	Date  Date  cess described
SPACE I  acknowledge reaumber of proces Sign only for Ushan one USM 2 thereby certify to the individua  I hereby ce	BELOW FOR receipt for the total ess indicated. ISM 285 if more 185 is submitted) and return that I had, company, corporati	USE OF Total Process ave personally on, etc., at the	U.S. MA  District of Origin  No.  served , haddress show cate the indivi	RSHAL O District to Serve No	PLAINTIFF DEFENDANT  NLY DO NO Signature of Author te of service,  have the individual, comp	A15-279  T WE  rized USM  executed any, corpo	5-1244  RITE BELOW IS Deputy or Clerk  as shown in "Remarks ration, etc. shown at the	4/5/1 / THIS s", the prohe address	Date  Date  cess described inserted below.
SPACE I acknowledge number of proce Sign only for U han one USM 2 hereby certify on the individua  I hereby ce	BELOW FOR receipt for the total ess indicated. ISM 285 if more 185 is submitted) and return that I had, company, corporation	USE OF Total Process ave personally on, etc., at the am unable to lo	U.S. MA  District of Origin  No.  served , haddress show cate the indivi	RSHAL O District to Serve No	PLAINTIFF DEFENDANT  NLY DO NO Signature of Author te of service,  have the individual, comp	A15-279  T WE  rized USM  executed any, corpo	as shown in "Remarks ration, etc. shown at the remarks below)  A person of suit then residing in	4/5/1 / THIS s", the prohe address	Date  Date  cess described inserted below.
SPACE I acknowledge number of proce Sign only for U han one USM 2 hereby certify on the individua  I hereby ce	BELOW FOR receipt for the total ress indicated.  SM 285 if more rest is submitted)  and return that I had, company, corporation	USE OF Total Process ave personally on, etc., at the am unable to lo	U.S. MA  District of Origin  No.  served , haddress show cate the indivi	RSHAL O District to Serve No	PLAINTIFF DEFENDANT  NLY DO NO Signature of Author te of service,  have the individual, comp	A15-279  T WE  rized USM  executed any, corpo	as shown in "Remark: ration, etc. shown at the remarks below)  A person of suit then residing in of abode	4/5/1 7 THIS s", the prohe address table age a defendant	Date  Date  cess described inserted below.  and discretion is usual place
SPACE I  acknowledge in number of proce Sign only for Usuan one USM 2  I hereby certify to the individua  I hereby certify to the individua	BELOW FOR receipt for the total ress indicated.  SM 285 if more rest is submitted)  and return that I had, company, corporation	USE OF Total Process  ave personally on, etc., at the am unable to lo not shown above)  shown above)	U.S. MA  District of Origin  No.  served ,  haddress shows cate the indivious)	RSHAL O District to Serve No	PLAINTIFF DEFENDANT  NLY DO NO Signature of Author te of service,  have the individual, comp	Amount	as shown in "Remarks ration, etc. shown at the residing in of abode  Date	s", the prohe address defendant	Date  Date  cess described inserted below.  and discretion is usual place
SPACE I  acknowledge number of proce (Sign only for Uthan one USM 2) I hereby certify on the individua  I hereby certify the individual  Address (complete)	BELOW FOR receipt for the total ress indicated. SM 285 if more ress is submitted)  and return that I had, company, corporation of individual served (if the total served)  and return that I are the total served (if the total Mileage Chamber of the total served of the total ser	USE OF Total Process  ave personally on, etc., at the am unable to lo not shown above)  shown above)	U.S. MA  District of Origin  No.  served ,  haddress shows cate the indivious)	RSHAL O  District to Serve  No  ave legal evidence above on the on idual, company, comp	PLAINTIFF DEFENDANT  NLY DO NO Signature of Author e of service,  have the individual, comporation, etc. names	Amount	as shown in "Remarks ration, etc. shown at the residing in of abode  Date  Signature of U.S. Marsh	4/5/1 7 THIS s", the prohe address table age a defendant Time (arshal or I	Date  Date  cess described inserted below.  and discretion is usual place

- DISTRIBUTION:
  1. CLERK OF THE COURT
  2. USMS RECORD

  - 3. NOTICE OF SERVICE
  - 4. BILLING STATEMENT\*: To be returned to the U.S., Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

    5. ACKNOWLEDGMENT OF RECEIPT

U.S. Department of Justice 3:18-cv-00767-MEM United States Marshals Service

#### PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF EDWARD THOMAS KI	ENNEDY			ľ	COURT CASE NUMB	BER		
DEFENDANT DAVID JOHN DUTCA\	/AGE, ET.	AL		, t	TYPE OF PROCESS OMPLAINT AND	SUMI	MONS	-
NAME OF INDIVIDUA	L, COMPANY, COI	RPORATION, ETC	C. TO SERVE OR DE	SCRIPTIO	ON OF PROPERTY TO	O SEIZE (	OR COND	EMN
SERVE GEORGE FRANC	IS HALCOVAG	E, IN HIS OF	FICIAL CAPACI	ITY				
AT ADDRESS (Street or RI	FD, Apartment No., C	ity, State and ZIP (	Code)					
401 NORTH SEC	OND STREET,	POTTSVILLE	, PA 17901					
SEND NOTICE OF SERVICE COPY TO F	REQUESTER AT NA	ME AND ADDRE	ESS BELOW		ber of process to be d with this Form 285	1		
EDWARD THOMA 401 TILLAGE RD. BREINIGSVILLE,	,	Y		Number of parties to be served in this case 7				
	1 A 10001			Checon U.	k for service S.A.			
HALCOVAGE WORKS A COURTHOUSE. OFFICE		+		HUYL	KILL COUNT	Y		Pold
Signature of Attorney other Originator requi	esting prvice on beha	<b>A</b>	PLAINTIFF DEFENDANT	телерно 415-27	NE NUMBER 5-1244	DATE 4/5/1	8	
SPACE BELOW FOR US	E OF U.S. M	RSHAL O	NLY DO NO	T WI	RITE BELOW	THIS	LINE	
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	Process District of Origin No.	District to Serve	Signature of Author	ized USM	IS Deputy or Clerk		Date	
I hereby certify and return that I have peon the individual, company, corporation, etc.								
☐ I hereby certify and return that I am una	able to locate the indi	vidual, company, c	corporation, etc. named	above (S	ee remarks below)			
Name and title of individual served (if not sh	hown above)				A person of suita			
Address (complete only different than shown	n above)				Date	Time		am
					Signature of U.S. Ma	arshal or D	eputy	<del> </del>
Service Fee Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	1	nt owed to U.S. Marshaunt of Refund*)	al* or		
					\$0.0	0		
REMARKS:								

DISTRIBUTE TO:

- 1. CLERK OF THE COURT
- 2. USMS RECORD
- 3. NOTICE OF SERVICE
- 4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

  5. ACKNOWLEDGMENT OF RECEIPT

U.S. Department of Fustice 8-cv-00767-MEM

PROCESS RECEIPT AND RETURN

United States Marshals Service

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF EDWARD	THOMAS I	KENNEDY		· · · · · · · · · · · · · · · · · · ·		COURT CASE NUME	BER	<del>'' ' ' ' '</del>	
DEFENDANT DAVID JO	OHN DUTCA	VAGE, ET.	AL		1	TYPE OF PROCESS COMPLAINT AND	O SUMI	MONS	
-	NAME OF INDIVID	UAL, COMPANY, CO	RPORATION, ETC	C. TO SERVE OR DE	SCRIPTI	ON OF PROPERTY TO	O SEIZE	OR CON	DEMN
SERVE	GEORGE FRAN				ITY				
AT	ADDRESS (Street or	-	-						
	401 NORTH SE	COND STREET,	POTTSVILLE	, PA 17901					
SEND NOTICE (	OF SERVICE COPY TO	REQUESTER AT N	AME AND ADDRE	ESS BELOW		nber of process to be ed with this Form 285	1		
40	DWARD THOM 11 TILLAGE RE REINIGSVILLE	D.,	Υ			aber of parties to be ed in this case	7		
	(EII 1100 VILLE	., i A 10001			1	ck for service LS.A.			
HALCOV	umbers, and Estimated AGE WORKS OUSE. OFFIC	AS THE COM	IMISSIONEI		HUYI	KILL COUNT	Y		Fold
Signature of Attor	mey other Originator rec	questing service on bel	alf of:	PLAINTIFF	TELEPHO	ONE NUMBER	DATE		
5/ <u>'</u>			<u> </u>	DEFENDANT	415-27	<b>75-1244</b>	4/5/1	8	
SPACE B	ELOW FOR U	SE OF U.S. M	<del>/</del>			- · - · · · · · · · · · · · · · · · · ·			<u> </u>
I acknowledge rec number of process (Sign only for USI than one USM 28:	ceipt for the total Total indicated.  M 285 if more	al Process District of Origin	<del></del>	<u> </u>		AS Deputy or Clerk		Date	
	nd return that I  have , company, corporation,								
☐ I hereby certi	ify and return that I am	unable to locate the ind	lividual, company, c	orporation, etc. name	d above (S	See remarks below)			
Name and title of	individual served (if no	shown above)				A person of suite then residing in of abode			
Address (complete	e only different than sho	wn above)				Date	Time		am
						Signature of U.S. Ma	urshal or I	Deputy	<del></del>
Service Fee	Total Mileage Charge including endeavors)	s Forwarding Fee	Total Charges	Advance Deposits		int owed to U.S. Marsha ant of Refund*)	al* or	_	
						\$0.0	0	· • · · · · · · · · · · · · · · · · · ·	
REMARKS:									
DISTRIBUTE I	1. CLERK OF THE 2. USMS RECORD					PRIOR I	DITION	S MAY I	SE USED

- 3. NOTICE OF SERVICE
- 4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

  5. ACKNOWLEDGMENT OF RECEIPT

# U.S. Department of Justice CV-00767-MEM United States Marshals Service

### PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF EDWARD THOMAS P	ENNEDY			COURT CASE NUMI	BER
DEFENDANT DAVID JOHN DUTCA	VAGE, ET.	AL		TYPE OF PROCESS COMPLAINT AN	D SUMMONS
			. TO SERVE OR DES	CRIPTION OF PROPERTY T	O SEIZE OR CONDEMN
SERVE GEORGE FRAN	CIS HALCOVAC	SE, IN HIS OF	FICIAL CAPACI	TY	•
AT ADDRESS (Street or I	RFD, Apartment No.,	City, State and ZIP (	Code)		
401 NORTH SEC	COND STREET,	POTTSVILLE	, PA 17901		
SEND NOTICE OF SERVICE COPY TO	REQUESTER AT N	AME AND ADDRE	SS BELOW	Number of process to be served with this Form 285	1
EDWARD THOM 401 TILLAGE RE BREINIGSVILLE	).,	Υ		Number of parties to be served in this case	7
L	, 1 7 10031			Check for service on U.S.A.	
SPECIAL INSTRUCTIONS OR OTHER All Telephone Numbers, and Estimated  HALCOVAGE WORKS A COURTHOUSE. OFFIC	Times Available for S AS THE COM	ervice): IMISSIONEF	R AT THE SC		Fold
Signature of Attorney other Orleinator req	uesting prvice on beh	<b>A</b> = =	PLAINTIFF	TELEPHONE NUMBER 415-275-1244	DATE 4/5/18
SPACE BELOW FOR U	SE OF U.S. M	ARSHAL O	NLY DO NO	T WRITE BELOW	THIS LINE
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	District of Origin  No	District to Serve	Signature of Authori	zed USMS Deputy or Clerk	Date
I hereby certify and return that I have on the individual, company, corporation,					
☐ I hereby certify and return that I am u	nable to locate the ind	lividual, company, c	orporation, etc. named	above (See remarks below)	
Name and title of individual served (if not	shown above)			A person of suit then residing in of abode	able age and discretion defendant's usual place
Address (complete only different than shown.	vn above)			Date	Time
				Signature of U.S. M	arshal or Deputy
Service Fee Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits	Amount owed to U.S. Marsh (Amount of Refund*)	
DEMANUE.				\$0.0	<u> </u>
REMARKS:					

- 2. USMS RECORD
- 3. NOTICE OF SERVICE
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U.S. Department of Fustice 8-cv-00767-MEM United States Marshals Service

#### PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF EDWARI	THOMAS	KENN	EDY				COURT CASE NUME	BER		
DAVID JO	OHN DUTO	CAVAGI	E, ET	AL		[	TYPE OF PROCESS COMPLAINT AND	O SUMI	MONS	
	NAME OF INDIV	TDUAL, COM	PANY, COF	RPORATION. E	rc. to serve or de	SCRIPT	ON OF PROPERTY TO	O SEIZE	OR CON	DEMN
SERVE					FFICIAL CAPAC	ITY				
AT	ADDRESS (Street	or RFD, Apar	tment No., C	ity, State and ZII	Code)					
	401 NORTH S	SECOND S	TREET,	POTTSVILL	E, PA 17901					
SEND NOTICE (	OF SERVICE COPY	TO REQUES	TER AT NA	ME AND ADDI	RESS BELOW		nber of process to be ed with this Form 285	1		
40	OWARD THO 11 TILLAGE	RD.,		<b>'</b>			nber of parties to be ed in this case	7		
	REINIGSVILI	_E, PA 18	5037	·		1	ck for service J.S.A.			
All Telephone N H HALCOV	iumbers, and Estima	ted Times Ava S AS TH	ilable for Sei E COMI	rvice): MISSIONE			Include Business and A		Addresses	Fold
Signature of Attor	mey other Originator	requesting	vice on beha	of of:	PLAINTIFF	TELEPHO	ONE NUMBER	DATE		
<u> </u>	_ //_				DEFENDANT	415-27	75-1244	4/5/1	8	· ,
SPACE B	ELOW FOR	USE OF	U.S. MA	RSHAL (	ONLY DO NO	OT W	RITE BELOW	THIS	LINE	
I acknowledge rec number of process (Sign only for USA than one USM 28	s indicated. M 285 if more	Total Process	District of Origin	District to Serve	Signature of Author	rized USI	MS Deputy or Clerk		Date	
I hereby certify as on the individual	nd return that I  h, company, corporati	ave personally on, etc., at the	served , 🔲 address show	have legal evider on above on the o	nce of service, have	executed any, corp	as shown in "Remarks oration, etc. shown at th	", the proceed address	cess descr inserted l	ribed below.
☐ I hereby cert	ify and return that I a	ım unable to lo	cate the indi-	vidual, company,	corporation, etc. name	i above (	See remarks below)			
Name and title of	individual served (if	not shown abo	vve)				A person of suits then residing in of of abode			
Address (complete	e only different than	shown above)		<del></del>		<u> </u>	Date	Time		am
							Signature of U.S. Ma	ershal or E	Deputy	<del></del>
Service Fee	Total Mileage Cha	- 1	ling Fee	Total Charges	Advance Deposits		unt owed to U.S. Marshaunt of Refund*)	al* or		
							\$0.0	0		
REMARKS:										
										-

DISTRIBUTE 10:

- 1. CLERK OF THE COURT
- 2. USMS RECORD
- 3. NOTICE OF SERVICE
- 4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

  5. ACKNOWLEDGMENT OF RECEIPT

Case 3:18-cv-00767-MEM U.S. Department of Justice

Document 3 Filed 04/09/18 Page 26 of 35 PROCESS RECEIPT AND RETURN

United States Marshals Service

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF EDWAR	D THOMAS K	KENNEDY				COURT CASE NUME	BER	
DEFENDANT DAVID J	OHN DUTCA	VAGE, ET.	AL			TYPE OF PROCESS COMPLAINT ANI	O SUM	MONS
	NAME OF INDIVIDU	IAL, COMPANY, CO	RPORATION. ET	C. TO SERVE OR DE	SCRIPTI	ON OF PROPERTY T	O SEIZE	OR CONDEMN
SERVE	GEORGE FRAN				ACITY			
AT	ADDRESS (Street or F	_						
	401 NORTH SEC	COND STREET,	POTTSVILLE	, PA 17901				
SEND NOTICE	OF SERVICE COPY TO	REQUESTER AT N.	AME AND ADDRI	ESS BELOW		aber of process to be ed with this Form 285	1	
4	DWARD THOM 01 TILLAGE RD REINIGSVILLE	).,	Y			ber of parties to be ed in this case	7	
L		, 1 , 1 1000 1				ck for service .S.A.		
	HOUSE. OFFICE		nalf of:	PLAINTIFF		DNE NUMBER	DATE	
SPACE	BELOW FOR US	SE OF U.S. M		DEFENDANT		25-1244 PITE RELOW	4/5/1	
I acknowledge re number of proce (Sign only for U	eccipt for the total Total	I Process District of Origin	<del>-fr</del>	Signature of Author			11110	Date
I hereby certify a	and return that I have I	personally served ,	have legal evidenc	e of service, have	executed	as shown in "Remarks oration, etc. shown at th	", the pro	cess described inserted below.
☐ I hereby cer	rtify and return that I am u	nable to locate the ind	ividual, company, c	corporation, etc. name	1 above (S	ee remarks below)		
	f individual served (if not :					A person of suita		
Address (comple	ete only different than show	vn above)		1		Date	Time	an
						Signature of U.S. Ma	arshal or I	Deputy
Service Fee	Total Mileage Charges including endeavors)	Forwarding Fee	Total Charges	Advance Deposits		nt owed to U.S. Marshount of Refund*)	al* or	
						\$0.0	D	
REMARKS:		I		<u> </u>		7310		

- DISTRIBUTED 1. 10: 1. CLERK OF THE COURT
  - 2. USMS RECORD
  - 3. NOTICE OF SERVICE
  - 4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
  - 5. ACKNOWLEDGMENT OF RECEIPT

# U.S. Department of Justice - CV-00767-MEM United States Marshals Service

# PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF EDWARD THOMAS	KENNEDY			COURT CASE NUM	BER
DAVID JOHN DUTC	AVAGE, ET	. AL		TYPE OF PROCESS COMPLAINT AN	
			TC. TO SERVE OR DE NDIVIDUAL CAPA	SCRIPTION OF PROPERTY	TO SEIZE OR CONDEMN
	r RFD, Apartment No.,			ACTIY	
· = =	ECOND STREET				
SEND NOTICE OF SERVICE COPY T	O REQUESTER AT N	NAME AND ADDI	RESS BELOW	Number of process to be	
				served with this Form 285	1
¹ EDWARD THOI 401 TILLAGE R BREINIGSVILLI	D.,	ΟY		Number of parties to be served in this case	7
L_	E, PA 16031			Check for service on U.S.A.	
SPECIAL INSTRUCTIONS OR OTHE All Telephone Numbers, and Estimated	d Times Available for : AS THE CON	<sup>Service):</sup> MMISSIONE	R AT THE SC		Fold
COURTHOUSE. OFFIC		1.16.6			
Significant varieties of the state of the st	equesting lervice on de	, =	PLAINTIFF	TELEPHONE NUMBER	DATE
14 16		<u></u>	DEFENDANT	415-275-1244	4/5/18
SPACE BELOW FOR U	JSE OF U.S. M	IARSHAL (	DNLY DO NO	OT WRITE BELOW	THIS LINE
I acknowledge receipt for the total number of process indicated. (Sign only for USM 285 if more than one USM 285 is submitted)	otal Process   District of Origin   No	District to Serve	Signature of Author	ized USMS Deputy or Clerk	Date
I hereby certify and return that I have on the individual, company, corporation	e personally served,, etc., at the address sho	have legal eviden	ce of service, have n the individual, compa	executed as shown in "Remarking, corporation, etc. shown at the	s", the process described he address inserted below.
I hereby certify and return that I am		dividual, company,	corporation, etc. named	above (See remarks below)	
Name and title of individual served (if no	t shown above)				able age and discretion defendant's usual place
Address (complete only different than she	own above)			Date	Time
				Signature of U.S. M.	arshal or Deputy
Service Fee Total Mileage Charge including endeavors)		Total Charges	Advance Deposits	Amount owed to U.S. Marsh (Amount of Refund*)	al* or
REMARKS:				\$0.0	0
ALDER LA					
DISTRIBUTE TO: 1. CLERK OF TH	E COURT			PRIOR	EDITIONS MAY BE USED

- 2. USMS RECORD
- 3. NOTICE OF SERVICE
- 4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
- 5. ACKNOWLEDGMENT OF RECEIPT

# U.S. Department of Justice

United States Marshals Service

## PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF EDWAR	D THOMA	S KENN	EDY				COURT CASE NUME	ER	
DEFENDANT				ΛΙ		· !	TYPE OF PROCESS		
DAVID J	OHN DUT			<del> </del>			COMPLAINT AND		
CEDICE							ION OF PROPERTY TO	O SEIZE	OR CONDEMN
SERVE AT	ADDRESS (Street				NDIVIDUAL CAPA	ACHY			
AI	401 NORTH	=		_	-				
SEND NOTICE	OF SERVICE COP		•						
							nber of process to be ed with this Form 285	1	
ŀΕ	DWARD TH	OMAS KE	ENNED'	Υ		-			<del></del>
40	01 TILLAGE	RD.,					nber of parties to be ed in this case	7	
В	REINIGSVIL	LE, PA 1	8031						
	_						ck for service U.S.A.		
SPECIAL INST	RUCTIONS OR O	HER INFORM	ATION TH	AT WILL ASSIS	T IN EXPEDITING SE	RVICE	Include Business and A	lternate .	Addresses.
. <b>All Telephone</b> l u	Numbers, and Estim	ated Times Ava	ilable for Se	trvice):					Fold
Signature of Atto	or ey other Origina	requesting re-	vice on beh		I PLAINTIFF	TELEPH	ONE NUMBER	DATE	
14				′ /	DEFENDANT	415-2	75-1244	4/5/1	8
SPACE E	BELOW FOR	R USE OF	U.S. M.	ARSHAL (	ONLY DO NO	OT W	RITE BELOW	THIS	LINE
I acknowledge re number of proces (Sign only for US than one USM 28	SM 285 if more	Total Process	District of Origin	District to Serve	Signature of Author	rized US	MS Deputy or Clerk		Date
<del></del>		have nerconally			es of service D have	ovenitor	as shown in "Remarks"	• 41	
on the individual	, company, corporat	tion, etc., at the	address show	wn above on the o	a the individual, compa	ехесине влу, согр	oration, etc. shown at the	address	inserted below.
☐ I hereby cer	tify and return that I	am unable to lo	cate the indi	vidual, company,	corporation, etc. named	i above (	See remarks below)	<del></del>	
Name and title of	f individual served (i	f not shown abo	ive)				A person of suita then residing in d of abode		
Address (comple	te only different than	shown above)		· · · · · · · · · · · · · · · · · · ·			Date	Time	am
							Signature of U.S. Ma	rshal or D	Deputy
Service Fee	Total Mileage Ch including endeave		ing Fee	Total Charges	Advance Deposits	1	unt owed to U.S. Marsha ount of Refund*)	l* or	
							\$0.00	)	
REMARKS:		<u> </u>				,			

- DISTRIBUTE TO: 1. CLERK OF THE COURT 2. USMS RECORD

  - 3. NOTICE OF SERVICE
  - 4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
  - 5. ACKNOWLEDGMENT OF RECEIPT

# U.S. Department of Justice United States Marshals Service

# PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF EDWAR	D THOMAS	S KENN	EDY				COURT CASE NUME	BER	
DAVID J	OHN DUT	CAVAG	E, ET.	AL			TYPE OF PROCESS  COMPLAINT ANI	SUM	MONS
	NAME OF INDIV	IDUAL, COM	IPANY, COF	RPORATION. E	TC. TO SERVE OR DE	SCRIPT	ION OF PROPERTY TO	O SEIZE	OR CONDEMN
SERVE					NDIVIDUAL CAPA	ACITY			
AT	ADDRESS (Street	or RFD, Apai	rtment No., C	ity, State and ZI	P Code)				
	401 NORTH 9	SECOND S	STREET,	POTTSVILL	E, PA 17901				
SEND NOTICE	OF SERVICE COPY	TO REQUES	TER AT NA	ME AND ADD	RESS BELOW		nber of process to be ed with this Form 285	1	
40	DWARD THO 01 TILLAGE REINIGSVILI	RD.,		<b>(</b>			nber of parties to be ed in this case	7	
			0001				ck for service J.S.A.		
SPECIAL INST  All Telephone N	RUCTIONS OR OTI Jumbers, and Estima	HER INFORM ted Times Ava	ATION THA	AT WILL ASSIS	ST IN EXPEDITING SE	RVICE (	Include Business and A	lternate .	Addresses.
	OUSE. OFF				TO 4:30 PM	TELEPHO	ONE NUMBER	DATE	
77	-/(			/ [	DEFENDANT	415-27	75-1244	4/5/1	8
SPACE B	ELOW FOR	USE OF	U.S. MA	RSHAL.	ONLY DO NO	)T W	RITE RELOW	THIS	LINE
	ceipt for the total is indicated. M 285 if more	Total Process	District of Origin	District to Serve	1		MS Deputy or Clerk		Date
I hereby certify a on the individual	nd return that I h	ave personally on, etc., at the	served , [] I address show	nave legal evide	nce of service,  have on the individual , compa	executed any, corp	as shown in "Remarks oration, etc. shown at th	, the proceed	ess described inserted below.
☐ I hereby cert	ify and return that I a	m unable to lo	cate the indiv	ridual, company	, corporation, etc. named	i above (	See remarks below)		
Name and title of	individual served (if	not shown abo	ive)				A person of suita then residing in o	_	
Address (complet	e only different than	shown above)	· · · · · · · · · · · · · · · · · · ·				Date	Time	am
							Signature of U.S. Ma	rshal or D	Peputy
Service Fee	Total Mileage Cha including endeavor		ling Fee	Total Charges	Advance Deposits		I int owed to U.S. Marsha unt of Refund*)	l* or	
							\$0.00	)	
REMARKS:			· — · · <del> · · · · · · · · · · · · · · · </del>						

- DISTRIBETE TO: 1. CLERK OF THE COURT
  - 2. USMS RECORD
  - 3. NOTICE OF SERVICE
  - 4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
  - 5. ACKNOWLEDGMENT OF RECEIPT

# U.S. Department of Justice United States Marshals Service

## Document 3 Filed 04/09/18 Page 30 of 35 PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF											
EDWARD 1	THOMAS	KENN	EDY					COURT CASE NUM NEW CASE	BER		
DEFENDANT				Α 1				TYPE OF PROCESS			
DAVID JOH					_	·		COMPLAINT AN			
								ION OF PROPERTY T	O SEIZE	OR CONE	EMN
<u> </u>	EORGE FRA DDRESS (Street o					DIVIDUAL CAPA	ACITY			<del> </del>	
	O1 NORTH S						· · · · · ·				
SEND NOTICE OF S	ERVICE COP I	TO REQUES	TEK AI NA	AME AND AI	אטכ	ESS RELOW		mber of process to be red with this Form 285	1		
EDW	ARD THO	MACKE	. אאבט	v			SCIT	co with this Form 200	<u> </u>		
	TILLAGE F		ININED	•				nber of parties to be	7		
	INIGSVILL		3031				serv	ed in this case	/		
		,					1	ck for service J.S.A.			<del>_</del>
SPECIAL INSTRUC	TIONS OR OTH	ER INFORM	ATION TH	AT WILL AS	 T212	'IN EXPEDITING SE	DVICE	Include Business and			
All Telephone Numb	ers, and Estimate	d Times Ava	ilable for So	ervice):	.,,,,,	II OA EDITING SE	K VICE (	inciace Dasiness and i	mernue.	<u>Auuresses,</u>	
ld 											Fold
HALCOVAG	E WORKS	S AS TH	E COM	MISSIO	NE	R AT THE SC	HUY	LKILL COUNT	Υ		
COURTHOU	JSE. OFF	CE HOU	IRS AR	RE 8;30 A	M	TO 4:30 PM					
			···								
Signature of Attorney	other Originate	equesting er	vice on beh	alf of:	X	PLAINTIFF	TELEPH	ONE NUMBER	DATE		
14	-/ [		_	′		DEFENDANT	415-2	75-1244	4/5/1	8	
SPACE BEL	OW FOR	USE OF	U.S. M	ARSHAI	O	NLY DO NO	)T W	RITE BELOW	THIS	LINE	
I acknowledge receipt		otal Process	District of			T		MS Deputy or Clerk		Date	
number of process ind	licated.		Origin	Serve	-	Digimioro or Francis	12.00	no Deputy of Clerk		Date	
(Sign only for USM 28 than one USM 285 is s			No	_ No	_						
I berehv certify and re	turn that I hav	a personally	comrad []	have least and				as shown in "Remarks			
on the individual, con	npany, corporation	i, etc., at the a	ddress show	wn above on the	ne on	the individual, compa	ехеситео any, согр	as snown in "Remarks oration, etc. shown at th	in, the pro- ie address	cess descrit inserted be	oed clow.
						corporation, etc. named					
Name and title of indi-							· · · · · · · · · · · · · · · · · · ·	A person of suits	hla osa o		
·		· · · · · · ·						then residing in of abode	defendant	s usual pla	on ce
Address (complete onl	y different than sh	own above)						Date	Time		<u></u>
											i am □pm
								Signature of U.S. Ma	rebal or F	\American \	
								Signature of C.S. Wi	RRING OF F	chura	
Service Fee To	tal Mileage Charg	es Forwardi	ng Fee	Total Charge	s	Advance Deposits	Amor	Int owed to U.S. Marsha	ıl* or		
inc	luding endeavors			<b>_</b> _			į.	unt of Refund*)	01		
								\$0.0	ß		
REMARKS:		1					1	φυ.υ			

- DISTRIBUTE TO: 1. CLERK OF THE COURT
  - 2. USMS RECORD
  - 3. NOTICE OF SERVICE
  - BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
     ACKNOWLEDGMENT OF RECEIPT

# Case 3:18-cv-00767-MEM U.S. Department of Justice United States Marshals Service

# Document 3 Filed 04/09/18 Page 31 of 35 PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF EDWARD	THOMA	S KENN	EDY				COURT CASE NUME	BER	
DAVID JO	HN DUT	CAVAGI	E, ET.	AL <sub>.</sub>			TYPE OF PROCESS COMPLAINT ANI	D SUM	MONS
<b>C</b> 1	NAME OF INDI	VIDUAL, COM	PANY, CO	RPORATION. E	C. TO SERVE OR DE	SCRIPT	ION OF PROPERTY T	O SEIZE	OR CONDEMN
	COUNTY OF								
				City, State and ZII					
			<u></u>	POTTSVILL	<u> </u>	<del></del>		4	
SEND NOTICE OF	SERVICE COP	Y TO REQUES	TER AT NA	AME AND ADDI	ESS BELOW		mber of process to be yed with this Form 285	1	
ED	WARD TH	OMAG KE	NINED	<b>v</b>		Sci		<u> </u>	
	TILLAGE		ININED	1			nber of parties to be	7	
	EINIGSVIL		8031			serv	ed in this case	<b>'</b>	
		,				1	eck for service U.S.A.		
					r in expediting se	RVICE (	Include Business and A	Liternate	Addresses.
All Telephone Nun	nders, ana Esum	atea Times Ava	uabie for Se	ervice):					Fold
	R COUNT	Y OF SC	HUYLK	ALL AND N		CEPT TELEPH	ARLENE LAUG F SERVICE OF ONE NUMBER 75-1244		CESS.
SPACE BE	LOW FOR	USE OF	US. M				RITE BELOW		<del></del>
I acknowledge recei number of process in (Sign only for USM) than one USM 285 i.	pt for the total ndicated. 285 if more	Total Process	District of Origin	<u> </u>			MS Deputy or Clerk		Date
I hereby certify and	return that I	have personally	served,	have legal eviden	ce of service, have	executed	as shown in "Remarks	", the pro	cess described
					corporation, etc. named	<del></del>		e address	inserted below.
Name and title of in				viouai, company,	corporation, etc. named	above (	A person of suita		
Address (complete o	nly different than	shown above)	·	-			of abode Date	Time	
							Signature of U.S. Ma	arshal or I	L pr
	Fotal Mileage Ch ncluding endeave		ing Fee	Total Charges	Advance Deposits		unt owed to U.S. Marsh ount of Refund*)	al* or	
							\$0.0	D	
REMARKS:					, ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,	•			

- DISTRIBUTE TO: 1. CLERK OF THE COURT
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  - 3. NOTICE OF SERVICE
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  - 5. ACKNOWLEDGMENT OF RECEIPT

# U.S. Department of Fusice United States Marshals Service

### PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF EDWAR	RD THOMAS	KENN	EDY	<u> </u>			COURT CASE NUMI	BER	
DAVID.	JOHN DUTO	CAVAGI	E, ET.	AL			TYPE OF PROCESS COMPLAINT AN	D SUMI	MONS
	NAME OF INDIV	IDUAL, COM	IPANY, CO	RPORATION. E	TC. TO SERVE OR DI	SCRIPT	ION OF PROPERTY T	O SEIZE	OR CONDEMN
SERVE									
AT	ADDRESS (Street	=		-	•				
	401 NORTH S	ECOND S	TREET,	POTTSVILL	.E, PA 17901				
SEND NOTICE	E OF SERVICE COPY	TO REQUES	TER AT NA	AME AND ADD	RESS BELOW		mber of process to be red with this Form 285	1	
4	DWARD THO	RD.,		Y			nber of parties to be yed in this case	7	·
<u>:</u>	BREINIGSVILL _	-E, PA 18	8031				ck for service J.S.A.		
SPECIAL INS All Telephone	TRUCTIONS OR OTH Numbers, and Estimat	IER INFORM ted Times Ava	ATION TH. ilable for Se	AT WILL ASSIS	T IN EXPEDITING SE	RVICE	Include Business and A	Alternate /	Addresses. Fold
AM TO	LICITOR AT 1	コロニ ろじけ	1い Y L K i	LL UUUN	IY COURTHO	USE.		KS AF	KE 8:30
CLERK	FOR COUNT	NN ROTY OF SC	TH IS O HUYLK	NE OF HI	S ASSISTANT	S. DA	RLENE LAUG SERVICE OF	HLIN	IS
CLERK		NN ROTY OF SC	TH IS O HUYLK	NE OF HI (ILL AND I alf of:	S ASSISTANT	S. DA	RLENE LAUG	HLIN	IS CESS.
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- DISTRIBUTE TO: 1. CLERK OF THE COURT
  - 2. USMS RECORD
  - 3. NOTICE OF SERVICE
  - 4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.

    5. ACKNOWLEDGMENT OF RECEIPT

#### U.S. Department of Justice 3:18-cv-00767-MEM

United States Marshals Service

### PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

FDWAR	RD THOMAS	S KENN	EDY				OURT CASE NUME OW CASE	SEK	
DAVID.	JOHN DUT	CAVAGI	E, ET.	AL			PE OF PROCESS OMPLAINT AND	D SUMI	MONS
	NAME OF INDI	VIDUAL, COM	PANY, CO	RPORATION. ET	C. TO SERVE OR DE	SCRIPTION	OF PROPERTY TO	O SEIZE (	OR CONDEM
<b>SERVE</b>	COUNTY OF								
AT		=		City, State and ZIF	•				
	401 NORTH	SECOND S	TREET,	POTTSVILL	E, PA 17901				
	E OF SERVICE COP				RESS BELOW		r of process to be with this Form 285	1	
4	EDWARD THO 101 TILLAGE BREINIGSVIL	RD.,		Y			r of parties to be in this case	7	
L	_					Check for U.S.	for service A.		
	TRUCTIONS OR OT Numbers, and Estim				Γ IN EXPEDITING SE	RVICE ( <u>Incl</u>	lude Business and A	Liternate A	·
-					SERVICE OF				<u>F</u>
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CLERK			HUYLK	(ILL AND M	MAY ALSO AC	CEPT S	SERVICE OF	PRO	
CLERK	FOR COUNT		HUYLK	CILL AND M	MAY ALSO AC		SERVICE OF		CESS.
CLERK Signature of At	tomey other Originato	or requesting ser	HUYLK vice on beh	Alf of:	AY ALSO AC PLAINTIFF	CEPT S TELEPHONE 415-275-	SERVICE OF ENUMBER 1244	DATE 4/5/1	CESS.
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- DISTRIBUTE TO: 1. CLERK OF THE COURT 2. USMS RECORD

  - 3. NOTICE OF SERVICE
  - 4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
  - 5. ACKNOWLEDGMENT OF RECEIPT

### U.S. Department of Justice CV-00767-MEM

United States Marshals Service

## PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

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l E	DWARD TH	OMAS KE	NNED'	Y			·	<del> </del> -	
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- DISTRIBUTE TO: 1. CLERK OF THE COURT
  - 2. USMS RECORD
  - 3. NOTICE OF SERVICE
  - 4. BILLING STATEMENT\*: To be returned to the U.S. Marshal with payment, if any amount is owed. Please remit promptly payable to U.S. Marshal.
  - 5. ACKNOWLEDGMENT OF RECEIPT

#### U.S. Department of Fustice 8-cv-00767-MEM

United States Marshals Service

## PROCESS RECEIPT AND RETURN

See "Instructions for Service of Process by U.S. Marshal"

PLAINTIFF EDWAR	D THOMA	S KENN	EDY			ļ	COURT CASE NUMI NEW CASE	BEK	
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4	DWARD THO 01 TILLAGE BREINIGSVIL	RD.,		Y			nber of parties to be ed in this case	7	
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